

Employee Medical Summary



Client Name: Issam Tina Solutions

Benefit Class: 13 GA Employees pre tax

Effective Period: 01/01/2024 -12/31/2024

New Employee Waiting Period: 1st of the month following 0 days

		EPONAT8	KHDGA4	MNATHSA60	MNATHSA40	EPONAT68	KHMOGA1
		AETNA EPO 8700-80	KAISER DHMO 4500-70 HSA (MS13) GA	AETNA MCPOS HSA-6000-100	AETNA MCPOS HSA 4000-100	AETNA EPO 6350-80	KAISER DHMO 1000-80 (MS5) GA
In Network							
Deductible	Individual	\$8,700	\$4,500.00	\$6,000.00	\$4,000.00	\$6,350.00	\$1,000.00
	Family	\$17,400	\$9,000.00	\$12,000.00	\$8,000.00	\$12,700.00	\$2,000.00
Member Co-Insurance %		20%	30%	0%	0%	20%	20%
Primary Care/ Specialist		\$10 copay/\$65 copay	30% after deductible	\$30 copay after deductible/\$60 copay after deductible	\$30 copay after deductible/\$60 copay after deductible	\$40 copay/\$80 copay	\$25/\$35 copay
Xrays & Laboratory Tests/ Complex Imaging		\$0 after deductible/\$0 charge /\$0 after deductible	30% after deductible	0% after deductible	0% after deductible	20% after deductible/No Cost/20% after deductible	20% after deductible
Urgent Care		\$0 after deductible	30% after deductible	\$85 after deductible	\$85 after deductible	\$85 copay	\$25 copay
Hospital Emergency Room		\$0 after deductible	30% after deductible	\$350 after deductible	\$350 after deductible	\$350 copay	20% after deductible
Inpatient Hospital		\$0 after deductible	30% after deductible	\$500 after deductible	\$500 after deductible	20% after deductible	20% after deductible
Outpatient Hospital		\$0 after deductible	30% after deductible	\$300 after deductible	\$300 after deductible	20% after deductible	20% after deductible
Prescription		\$83/\$10/55/100/30% (\$300 Max)/ 50% (\$500 Max)	\$10/30% up to \$75/40% up to \$100/20% coinsurance up to \$150	Medical ded applies - Waived for preventative medications \$3/\$10/\$45/\$70 30% to \$300 max / 50% to \$500 Max after deductible	Medical ded applies, waived for preventative medications \$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)	\$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)	\$15/\$30/\$60/20% coinsurance up to \$150
Out of Pocket Max: Individual		\$8,700	\$6,000	\$6,750	\$7,000	\$7,350	\$3,000
Family		\$17,400	\$12,000	\$13,500	\$14,000	\$14,700	\$6,000
Out of Network							
Individual/Family Deductible		Not Applicable	Not Applicable	\$12,000/\$24,000	\$8,000/\$16,000	Not Applicable	Not Applicable
Member Co-Insurance %		Not Applicable	Not Applicable	50%	50% after deductible	Not Applicable	Not Applicable
Max Out of Pocket Ind/Family		Not Applicable	Not Applicable	\$15,000/\$30,000	\$14,000/\$28,000	Not Applicable	Not Applicable
MONTHLY PREMIUMS							
Employee Only		\$201.37	\$218.47	\$258.19	\$290.34	\$311.00	\$427.28
Employee and Spouse		\$759.87	\$796.25	\$884.43	\$954.46	\$999.23	\$1,255.58
Employee and Child(ren)		\$666.88	\$699.95	\$779.96	\$843.67	\$885.00	\$1,117.52
Employee and Family		\$1,178.32	\$1,229.57	\$1,353.38	\$1,452.69	\$1,516.40	\$1,876.82

Find participating providers at: www.aetna.com/docfind

Note: some plans are only available in certain areas. Please use the Engage online benefit enrollment application to see the specific plans available to you. Information presented here is for comparison purposes. If the information here is different than what is shown in the policy certificate, the certificate will prevail.

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		MNAT2080	KHMOGA0
		AETNA MCPOS 2000-80	KAISER HMO 0-100 20/30 (MS3) GA
In Network			
Deductible	Individual	\$2,000.00	\$0.00
	Family	\$4,000.00	\$0.00
Member Co-Insurance %		20%	0%
Primary Care/ Specialist		\$30 copay \$60 copay	\$20/\$30 copay
Xrays & Laboratory Tests/ Complex Imaging		20% after deductible	\$10/\$10/\$50
Urgent Care		\$85 copay	\$20 copay
Hospital Emergency Room		\$350 copay	\$150 copay
Inpatient Hospital		20% after deductible	\$500 copay
Outpatient Hospital		20% after deductible	\$100 copay
Prescription		\$3/\$10/\$45/\$70/30% (\$300 Max)/50% (\$500 Max)	\$15/\$30/\$60/20% coinsurance up to \$150
Out of Pocket Max: Individual		\$6,850	\$2,000
Family		\$13,700	\$4,000
Out of Network			
Individual/Family Deductible		\$6,000/\$15,000	Not Applicable
Member Co-Insurance %		50%	Not Applicable
Out of Pocket Max		\$14,000/\$42,000	Not Applicable
Monthly Benefit Premium			
Employee Only		\$540.60	\$543.63
Employee and Spouse		\$1,506.07	\$1,511.58
Employee and Child(ren)		\$1,345.35	\$1,350.23
Employee and Family		\$2,228.74	\$2,237.53

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Employee Dental Benefits Summary



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New Employee Waiting Period: 1st of the month following 0 days

		METLIFE LOW2 DPPO R1	METLIFE MID R1	METLIFE HIGH DPPO R1
In Network		MDPOL2R1	MDPOMR1	MDPOHR1
Deductible	Individual	\$50	\$50	\$50
	Family	\$150	\$150	\$150
Individual Calendar Year Maximum		\$1000	\$2000	\$4000
	Type A - Preventive	Covered 100%	Covered 100%	Covered 100%
	Type B - Basic Restorative	Covered 70%	Covered 80%	Covered 80%
	Type C - Major Restorative	Covered 40%	Covered 50%	Covered 50%
	Type D- Orthodontia	Children < 26	Children < 26	Children < 26
	Orthodontia Lifetime Maximum	\$1,000 per Child Only to age 26	\$1,000 per Child Only to age 26	\$1,500 per Child Only to age 26
Out of Network				
Deductible	Individual	\$50	\$50	\$50
	Family	\$150	\$150	\$150
Individual Calendar Year Maximum		\$1000	\$2000	\$4000
	Type A - Preventive	Covered 100%	Covered 100%	Covered 100%
	Type B - Basic Restorative	Covered at 70%; you pay 30% R&C amounts	Covered at 80%; you pay 20% MAC amounts	Covered at 80%; you pay 20% R&C amounts
	Type C - Major Restorative	Covered at 40%; you pay 60% R&C amounts	Covered at 50%; you pay 50% MAC amounts	Covered at 50%; you pay 50% R&C amounts
	Type D- Orthodontia	Children < 26	Children < 26	Children < 26
	Orthodontia Lifetime Maximum	\$1,000 per Child Only to age 26	\$1,000 per Child Only to age 26	\$1,500 per Child Only to age 26
Monthly Premiums				
	Employee Only	\$22.98	\$32.84	\$45.23
	Employee and Spouse	\$46.84	\$66.91	\$92.04
	Employee and Child(ren)	\$52.45	\$74.92	\$104.88
	Employee and Family	\$81.76	\$116.79	\$162.77

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Employee Vision Benefits Summary



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New Employee Waiting Period: 1st of the month following 0 days

MVSP1	METLIFE VSP OPTION 1		METLIFE VISION HIGH OPTION 2	
	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK
Exam <i>(once every 12 rolling months)</i>				
Routine Comprehensive Eye Exam	\$10 Copay	\$45 reimbursement	\$10 Copay	\$45 reimbursement
Eyeglass Lenses/Lens options <i>(once every 12 rolling months)</i>				
Single vision lenses	\$20 copay	\$30 reimbursement	\$10 copay	\$30 reimbursement
Bifocal vision lenses	\$20 copay	\$50 reimbursement	\$10 copay	\$50 reimbursement
Trifocal vision lenses	\$20 copay	\$65 reimbursement	\$10 copay	\$65 reimbursement
Lenticular vision lenses	\$20 copay	\$100 reimbursement	\$10 copay	\$100 reimbursement
UV treatment	\$20 copay	No discount	\$0 copay	No discount
Contact Lenses <i>(once every 12 rolling months)</i>				
Conventional contact lenses	\$60 maximum copay	No Discount	\$60 maximum copay	No Discount
Elective contact lenses	\$150 allowance	\$105 reimbursement	\$180 allowance	\$105 reimbursement
Medically necessary contact lenses	\$20 copay	\$210 reimbursement	\$20 copay	\$210 reimbursement
Frames <i>(once every 12 rolling months)</i>				
Frame allowance	\$150 after \$20 copay + additional 20% off balance over allowance	\$70 reimbursement	\$180 allowance, \$200 allowance on featured frames. Costco, Walmart, Sam's Club \$100 allowance	\$70 reimbursement
Discounts ^{1,2}				
Additional pairs of eyeglasses or prescription sunglasses.	20% off retail	No Discount	20% off retail	No Discount
Laser vision correction	15% off retail or 5% off promotional price	No Discount	15% off retail or 5% off promotional price	No Discount
MONTHLY PREMIUMS				
Employee Only	\$9.26		\$12.29	
Employee and Spouse	\$19.29		\$25.61	
Employee and Child(ren)	\$18.10		\$24.02	
Employee and Family	\$30.79		\$40.88	

Note: some plans are only available in certain areas. Please use the Engage online benefit enrollment application to see the specific plans available to you. Information presented here is for comparison purposes. If the information here is different than what is shown in the policy certificate, the certificate will prevail.

¹ Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

² Discounts apply to purchases made after the plan allowances have been exhausted.

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Control Group: 210013

Plan Information



Voluntary Life and Accidental Death & Dismemberment Insurance

Term Life Insurance plus AD&D coverage that pays benefits to you or your beneficiary(ies) if you die or are injured. Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment.

This is optional coverage you may elect and pay for.

Voluntary life insurance offered in \$10,000 increments with a \$10,000 minimum for employee coverage & \$5,000 minimum for spouse. Evidence of Insurability (EOI) required for employee coverage over \$300,000 and spouse coverage over \$50,000. Will preparation services are included with supplemental life plans

Age	Employee	Spouse
Less than 30	\$0.1018	\$0.0976
Age 30-34	\$0.1249	\$0.1196
Age 35-39	\$0.1375	\$0.1312
Age 40-44	\$0.1501	\$0.1427
Age 45-49	\$0.2099	\$0.2005
Age 50-54	\$0.3065	\$0.2918
Age 55-59	\$0.5457	\$0.5195
Age 60-64	\$0.8365	\$0.7976
Age 65-69	\$1.5554	\$1.4819
70+	\$2.9155	\$2.7770

Rates shown per \$1,000 of coverage

Child Life Coverage	Cost shown is per coverage level per employee per month			
Coverage Level	\$2,500	\$5,000	\$7,500	\$10,000
Cost	\$0.73	\$1.45	\$2.18	\$2.91



Voluntary Short Term Disability Insurance

Insurance that replaces a percentage of your income if you experience a temporary injury or illness that prevents you from working. Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment.

This is optional coverage you may elect and pay for.

Age on Date of Your Disability	Rate
Age 0-44	\$0.4355
Age 45-45	\$0.4544
Age 46-46	\$0.4628
Age 47-47	\$0.4723
Age 48-48	\$0.4901
Age 49-49	\$0.5174
Age 50-50	\$0.5352
Age 51-51	\$0.5541
Age 52-52	\$0.5720
Age 53-53	\$0.6171
Age 54-54	\$0.6633
Age 55-55	\$0.6990
Age 56-56	\$0.7451
Age 57-57	\$0.7819
Age 58-58	\$0.8092
Age 59-59	\$0.8365
Age 60-60	\$0.8637
Age 61-61	\$0.8910
Age 62-62	\$0.9089
Age 63-63	\$0.9278
Age 64-64	\$0.9362
Age 65-99	\$0.9540

Rates per \$10 of covered volume. Employee paid benefit

MVSTD1P-METLIFE VOL STD - 7/7/26 - \$1500 @ 60%



Voluntary Long Term Disability Insurance

Insurance that replaces a percentage of your income if you experience an injury or illness that prevents you from working for an extended period of time.

Guaranteed issue at initial eligibility. Subject to evidence of insurability is not elected at initial enrollment .

This is optional coverage you may elect and pay for

Voluntary Long Term Disability Coverage	
Age 0-24	\$0.1921
Age 25-29	\$0.2823
Age 30-34	\$0.3957
Age 35-39	\$0.5531
Age 40-44	\$0.7451
Age 45-49	\$1.1408
Age 50-54	\$1.5354
Age 55-99	\$2.0329

Rates per \$100 of covered volume.
Employee paid benefit

BENEFIT DURATION: The later of Your Normal Retirement Age as defined by Social Security or the period shown here:

Age on Date of Your Disability	Benefit
less than 60	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

MVLTD1P-METLIFE VOL LTD - 180 EP - \$10,000 @ 60%

MetLife Supplemental Insurance Plans

Guaranteed Issue - fixed dollar indemnity benefits



Accident Insurance

This is optional coverage you may elect and pay for

24 hour - Accident only coverage for ER, Doctors visits, Hospital and ICU stays, MRI/CT, ambulance, accidental death and dismemberment.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Group Accident	\$14.15	\$26.19	\$23.97	\$36.01

EE



Critical Illness Insurance

This is optional coverage you may elect and pay for

\$10,000 Non Tobacco: Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Non-Tobacco)	\$4.09	\$6.09	\$5.14	\$7.14
Age 35-49 (Non-Tobacco)	\$9.24	\$14.06	\$10.39	\$15.22
Age 50-59 (Non-Tobacco)	\$19.31	\$29.81	\$20.47	\$30.96
Age 60-64 (Non-Tobacco)	\$29.60	\$45.86	\$30.75	\$47.02
Age 65-69 (Non-Tobacco)	\$36.73	\$57.09	\$37.89	\$58.14
Age 70+ (Non-Tobacco)	\$45.55	\$70.53	\$46.70	\$71.68

\$10,000 Tobacco: Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Tobacco)	\$6.19	\$9.13	\$7.24	\$10.29
Age 35-49 (Tobacco)	\$15.74	\$23.93	\$16.90	\$24.98
Age 50-59 (Tobacco)	\$33.90	\$52.27	\$35.05	\$53.42
Age 60-64 (Tobacco)	\$52.06	\$80.81	\$53.21	\$81.97
Age 65-69 (Tobacco)	\$64.65	\$100.44	\$65.80	\$101.59
Age 70+ (Tobacco)	\$79.45	\$123.32	\$80.60	\$124.47

EE



Critical Illness Insurance

This is optional coverage you may elect and pay for

\$20,000 Non Tobacco : Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Non-Tobacco)	\$8.19	\$12.17	\$10.29	\$14.27
Age 35-49 (Non-Tobacco)	\$18.47	\$28.13	\$20.78	\$30.44
Age 50-59 (Non-Tobacco)	\$38.62	\$59.61	\$40.93	\$61.92
Age 60-64 (Non-Tobacco)	\$59.19	\$91.73	\$61.50	\$94.04
Age 65-69 (Non-Tobacco)	\$73.47	\$114.19	\$75.77	\$116.28
Age 70+ (Non-Tobacco)	\$91.10	\$141.05	\$93.41	\$143.36

\$20,000 Tobacco : Pays lump sum benefit when diagnosed with a heart attack, cancer, or any other covered condition. Spouse and Children are covered at 50% of the employee benefit amount.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Age <35 (Tobacco)	\$12.38	\$18.26	\$14.48	\$20.57
Age 35-49 (Tobacco)	\$31.49	\$47.86	\$33.79	\$49.96
Age 50-59 (Tobacco)	\$67.80	\$104.53	\$70.11	\$106.84
Age 60-64 (Tobacco)	\$104.11	\$161.62	\$106.42	\$163.93
Age 65-69 (Tobacco)	\$129.30	\$200.87	\$131.61	\$203.18
Age 70+ (Tobacco)	\$158.89	\$246.63	\$161.20	\$248.94

EE



Group Hospital Indemnity

Pays benefits to help employees with higher out-of-pocket medical expenses for Hospital - ICU, doctors visits, surgery, anesthesia, and ambulance for any reason - sickness or accident.

MONTHLY PREMIUMS	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High Plan	\$39.83	\$74.49	\$62.84	\$99.83
Highest Plan	\$61.58	\$126.86	\$105.30	\$170.58

EE



Pet Insurance

Pet parents can select from a range of annual limits, deductibles and coinsurance levels

No initial exam

Payroll deducted

Each pet's premium will be unique based on the age, breed, location and gender, as well as what coverage amount you select.

You may request a quote anytime by visiting the website

<https://www.metlife.com/insurance/>

Flexible Spending Accounts

Section 125/Health Savings/Commuter Benefits

Grace Period- Employees have from 1/1/23 – 3/15/23 to incur claims and use their previous plan year dollars

2023 FSA Maximums: Health FSA \$3,050; Dependent FSA \$5,000

2023 Health Savings Account Max: Individual \$3,850, Family \$7,750

2023 Commuter Benefits (monthly): Parking \$300, Transit \$300

"Stackable" Debit Card, daily claims processing & Reimbursements

Run out period 90 days from date of employee termination

24/7 Online account access and claim filing

General Health FSA:	Qualified Medical, Rx, Dental and Vision Expenses
Limited Health FSA:	Qualified H.S.A Compatible Expenses
Dependent Care FSA:	Qualified Daycare Expenses for Children < Age 13
Transit & Parking FSA:	Commuter Transit Benefit

**Availability of these plans may vary by employer*

Note: Previous year participants must actively enroll during open enrollment for the new plan year starting January 1st. Please use the Engage Benefit Enrollment Application to make your elections.



Employee Assistance Program (EAP) and Health Advocate

Personalized counseling up to 1-3 visits for services related to emotional or financial distress; 24/7 online access.

EAP services are included at no cost for employees participating in an Engage sponsored Health, Dental, or Vision plan.



Core Health Advocacy Services

Available to employees and their dependents including parents and parents-in-law. Assigns team of Personal Health Advocates (PHAs) to work with providers and insurance companies on the member's behalf to help resolve claims issues, provide cost estimates, and obtain second opinions.

Core services are included at no cost for employees participating in an Engage sponsored Medical Plan.



This is optional coverage you may elect and pay for

Pet Assure Veterinarian Discount Plan
Available to any pet

PETPlus Discount Plan
Available only to cats and dogs

Covers all veterinary services	\$9.00 Unlimited pets	
Covers prescriptions, preventatives and more at wholesale pricing.	\$4.50 Single cat or dog	\$8.50 Unlimited cats & dogs

Employee Supplemental Benefit Plans



LegalShield
 Online, Telephonic and In-Office Services (Network Attorneys)

IDShield
 Credit Monitoring, Identity Restoration, and more

This is optional coverage you may elect and pay for

MONTHLY PREMIUMS	Employee	Employee, Spouse /Significant Other & Children 18 and younger
<i>Legal Plan Services</i>	\$15.95	\$15.95
<i>ID Theft Protection</i>	\$8.45	\$15.95
<i>Both Plans (Legal & ID Theft)</i>	\$24.40	\$28.90

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